2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005
Secretary of State

DOCUMENT# P04000024797

Entity Name: EDUCATION EVALUATION,TRANSLATION AND JOB RESEARCH, INC.

Current Principal Place of Business:

409 W HALLANDALE BEACH BLVD
216
HALLANADALE, FL 33009

New Principal Place of Business:

13899 BISCAYNE BLV
PH-12
MIAMI, FL 33181

Current Mailing Address:

409 W HALLANDALE BEACH BLVD
216
HALLANADALE, FL 33009

New Mailing Address:

13899 BISCAYNE BLV
PH-12
MIAMI, FL 33181

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

RUIZ, OSCAR A DR
20425 NE 19 CT
AVENTURA, FL 33179 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SOTO, SONIA
Address: 409 W HALLANDALE BEACH BLV-SUITE 216
City-St-Zip: HALLANADALE, FL 33009 US

Title: VP ( ) Delete
Name: VERGARA, MARTHA
Address: 4090 WEST HALLANDALE BEACH BLV-SUITE 216
City-St-Zip: HALLANDALE, FL 33009 US

Title: VP ( ) Delete
Name: ORTIZ, NORBY
Address: 409 WEST HALLANDALE BEACH BLV-SUITE 216
City-St-Zip: HALLANDALE, FL 33009 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SONIA SOTO P 01/20/2005

Electronic Signature of Signing Officer or Director Date